

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-2)

0246926

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabnet
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cabnet
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) Is veteran, name war No

3. (a) FULL NAME

James Duke Broome

3. (b) Social Security Number

?

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced D

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) July 29, 1878 6.(c) If alive, give age _____ years

8. AGE: Years 67 Months 8 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Cabnet County, Md
(Town, county, and state)

10. Usual occupation Cluck

11. Industry or business

FATHER 12. Name John Broome
13. Birthplace Cabnet Co., Md

MOTHER 14. Maiden name Hannie Peterson
15. Birthplace Cabnet Co., Md

16. Informant Mrs Claude Turner
Address Ruby, Md

17. Burial Date thereof Apr. 1, 1946
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Christ Church
Location Port Republic, Md

18. Funeral director A. Q. Mackness & Son
Address Mutual, Md.

19. 4-1 19 46 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 46 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 45 to March 30 19 46
and that I last saw him/her alive on March 23 19 46

Immediate cause of death Coronary Occlusion

Due to Hypertensive Arterio-sclerotic disease

Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE James Frederick M. D. or other _____
Address _____ Date signed 4/1/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
 City or town Brown's Island, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert
 City or town Brown's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war 2nd

3. (a) FULL NAME

James A. Duke

3. (b) Social Security Number

No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Leila Roberts Duke
 6. (c) If alive, give age 29 years
 7. Birth date of deceased (mo., day, yr.) Oct. 13, 1864
 8. AGE: Years 81 Months 5 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Calvert Co., Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Basil A. Duke
 13. Birthplace Calvert Co., Md.
 MOTHER 14. Maiden name Virginia Wilson
 15. Birthplace Calvert Co., Md.

16. Informant Mrs. Ramsay Hodges
 Address Brown's Island, Md

17. Burial Date thereof Mar. 30, 1944
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Christ Church
 Location Port Republic, Md

18. Funeral director D. A. Harkness & Son
 Address Mt. Airy, Md

19. _____ 19. _____
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 28, 1944 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Sept 1943, to 27 Mar 1944
 and that I last saw him alive on 27 Mar 1944

Immediate cause of death coronary thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____

Address [Signature] Date signed 28 Mar 44

RECEIVED

APR 3 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

County Calvert
 City or town Port Republic
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Calvert
 City or town Broomer Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ralph Eddie Elliott

3. (b) Social Security Number

?

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Sept 16 1923

8. AGE:

Years

Months

Days

If less than one day

22

5

26

hrs.

min.

9. Birthplace

Broomer Island, Md
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

FATHER

12. Name

Benson Elliott

13. Birthplace

Broomer Island, Md

MOTHER

14. Maiden name

Iva Parks

15. Birthplace

Broomer Island, Md

16. Informant

Health Records

Address

Prince Frederick, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3-15-46
(month) (day) (year)

Cemetery or crematory

Broomer Island

Location

Broomer Island, Md

18. Funeral director

A.A. Harkness & Son

Address

Mutual, Md

19.

3-13-19-46
(Date rec'd by registrar)

H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 12 19 46 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19

Immediate cause of death

Fractured skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/12/46Where did injury occur? Port Republic, Calvert MD
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) State roadMeans of injury Auto accident Injured at work? No

23. SIGNATURE

Paul W. Ward

M. D. or other

Address Quincy, MDDate signed 3/12/46

RECEIVED
MAR 14 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-21

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Calvert Md.City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(u) If veteran, name war

3. (a) FULL NAME

Isaac Freeland

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1875 6.(c) If alive, give age years8. AGE: Years 71 Months Days If less than one day hrs. min.9. Birthplace Calvert, Md.
(Town, county, and state)10. Usual occupation laborer

11. Industry or business

12. Name Isaac Freeland13. Birthplace Calvert, Md.14. Maiden name Emma Kent15. Birthplace Calvert Md16. Informant Eugene ChaseAddress Huntingtown, Md17. Burial Date thereof Mar. 25, 46
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Pataxent.Location Huntingtown, Md18. Funeral director P.C. SewellAddress Prince Frederick, Md.19. 3-25 1946 C. Jarvis
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1946 at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to 19.....
and that I last saw him alive on 22 Mar 1946

Immediate cause of death

Cerebral aneurysmDue to arteriosclerosis

Due to

Due to

Other conditions

.....
(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address..... Date signed

MAY 4 1946

RECEIVED MAY 4 1946

RECEIVED MAY 4 1946

45833

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 938

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: Calvert Co.
 County.....
Prince Frederick.
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
md
 State..... County..... Calvert
Prince Frederick
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(c) If veteran, name war.....

3. (a) FULL NAME

Elijah Hicks

3. (b) Social Security Number

4. Sex m. 5. Color or race C 6. (a) Single, married, widowed, or divorced x

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 18 6 8 6. (c) If alive, give age..... years

8. AGE: Years 78 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Abraham Hicks13. Birthplace md.14. Maiden name Hester Gross.15. Birthplace md.16. Informant Carlton HicksAddress Prince Frederick.17. Burial Date thereof 3-11-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tatent. Church.Location Calvert.18. Funeral director F. E. SewellAddress Prince Frederick19. May 5 19. 46 H. W. Ward

(Date rec'd by registrar) Registrar

This was held by J. Farnis.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3, 8, 1946 at 11:25 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/3 am 1946 to 3/8 1946
 and that I last saw him alive on 3/7 1946

Immediate cause of death Acute Pulmonary Edema
 Due to Arteriosclerosis C.V. Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury Injured at work?

23. SIGNATURE Page J. St.Address Prince Frederick Date signed 3/9/46

M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF BIRTH

AGE

RECEIVED
MAY 8 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2000

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: Calvert Hospital
 County Prince Frederick
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary E. Stratten

3. (b) Social Security Number

4. Sex m. 5. Color or race C 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 3, 1929 6. (c) If alive, give age years

8. AGE: Years 16 Months Days If less than one day
 hrs. min.

9. Birthplace md
 (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Stratten

13. Birthplace md

MOTHER 14. Maiden name Georgie Gross

15. Birthplace md

18. Informant Margarete Brown

Address St Leonards md

17. Burial Date thereof 3-16-46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Brooks Chapel

Location Calvert

18. Funeral director P.E. Sewell

Address Prince Frederick md

19. 3-N 19 46 N.W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15 19 46 at 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to 19 46

and that I last saw him alive on 19 46

Immediate cause of death cause not determined DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed 3/16/46

RECEIVED
MAY 16 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
place of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 576

CERTIFICATE OF DEATH

23

02472

Reg. Dist. No. 51

FILM No. 101 MAR 26 1946

1. PLACE OF DEATH:

County..... Calvert Hospital
City or town..... Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:
Calvert County Hospital

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... Calvert
City or town..... Huntingtown
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

John Samuel Tyler.

3. (b) Social Security Number

4. Sex..... m 5. Color or race..... C. 6.(a) Single, married, widowed, or divorced..... X

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... June 15, 1881 8.(c) If alive, give age..... years

8. AGE: Years..... 65 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... md.
(Town, county, and state)

10. Usual occupation..... Farmer.

11. Industry or business.....

12. Name..... James Tyler.

13. Birthplace..... md

14. Maiden name..... Harriet Gross.

15. Birthplace..... md.

16. Informant..... Enoch Tyler.

Address..... Prince Frederick

17. Burial..... Date thereof..... 3-12-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Youngs. Church.

Location..... Calvert.

16. Funeral director..... P.E. Sewell.

Address..... Pr. Frederick, Md.

19. 3-12-1946 N.W. Ward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 3, 8, 1946 at 10:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1946 to March 8 1946 and that I last saw him alive on March 8 1946

Immediate cause of death..... accident

Due to..... thrombosis

Due to..... hypertension

Other conditions..... Ca of prostate

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Dr. J. Marshall M. D. or other

Address..... Prince Frederick Date signed..... March 11/46

RECEIVED

MAR 16 1945

BUREAU V.S.